Revised

Revision: HCFA-PM-91-4 (BPD) Supplement 1 to Attachment 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY
- 1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

					Maximum Payment
Family Size	Need	Standard	Payment St	andard	Amounts
1		\$394			\$186
2		\$460			\$225
3		\$526			\$262
4		\$592			\$328
5		\$658			\$383
6		\$724			\$432
7 or more	4	\$790			\$482

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Effective July 1, 1990, for pregnant women and infants under Section 1902(a)(10)(A)(i)(IV) of the Act, the income eligibility level is 185 percent of the Federal poverty level (as revised annually in the Federal Register) for the family size involved.

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FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky						
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A. MANDATORY CATEGORICALLY NEEDY (Continued) (A) 94.7 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-5 Approval Date NOV 14 1994 Effective Date 4-1-92 Supersedes TN No. 92-1

**	ision: HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 1 TO ATTACHMENT 2.6 Page 3 OMB No.: 0938-
	STATE PLAN U	NDER TITLE XI	X OF THE SOCIAL SECURITY ACT
	State: Ken	tucky	
	INCO	ME ELIGIBILIT	Y LEVELS (Continued)
в.	OPTIONAL CATEGORICALI POVERTY LEVEL	LY NEEDY GROUP	PS WITH INCOMES RELATED TO FEDERAL
	1. Pregnant Women and	l Infants	
	pregnant women and	l infants unde	ome eligibility for optional groups of er the provisions of sections 2) of the Act are as follows:
			official Federal income poverty level nore than 185 percent).
	Family Si	ze	Income Level
	1		\$
	2		\$
	3		\$
	4		\$
	5		\$
		•	
			•
TN N	No. 92-1 ersedes Approva	l Date NOV 1	4 1994 Effective Date 1-1-1-92
	NO. 87-15		

HCFA ID: 7985E

	wision:	HCFA-PN August		(BPD)		SUPPLEMENT 1 TO AT Page 4 OMB No.: 0938-	TACHMENT 2.6-A
		STATE State:	PLAN UN	DER TITLE :	XIX OF THE	SOCIAL SECURITY A	СТ
			INCOM	E ELIGIBIL	ITY LEVELS	(Continued)	
в.		CATEG Y LEVEL	ORICALLY	NEEDY GRO	UPS WITH 1	NCOMES RELATED TO	FEDERAL
	2. <u>Chi</u>	ldren ^{un}	der age 1	9			
	who age	are bor	n after under ¹	September	30, 1983 a age under	bility for groups and who have attain the provisions of	ed 6 vears of
	Bas Fed	ed on eral inc	100 ome pove	_ percent rty line.	(no more t	chan 100 percent) c	of the official
		Far	mily Siz	<u>e</u>	Inc	come Level	
			$\frac{1}{2}$		\$ \$ \$		
			3 4 5 6 7 8 9		\$ \$ \$		
					\$ \$		
-			<u>9</u> 10		\$ \$		
TN	No.	92-1		Date NOV	1 / 100/		
	ersedes	1-3	Approval	Date 1101	1 4 1334	Effective Date _	1-1-92

HCFA ID: 7985E

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Revision: HCFA-PM-92-1 (MB)

FEBRUARY 19	92	Pag	re 5
STATE	PLAN UNDER TITLE XIX	OF THE SOCIAL	SECURITY ACT
State:	Kentucky		
	INCOME ELIGIBILITY	LEVELS (Conti	nued)
3. Aged an	d Disabled Individual	<u>s</u> ,	
The levels disabled in Act are as	dividuals under the p	e eligibility provisions of s	for groups of aged and section 1902(m)(4) of the
Based on _	percent of the c	fficial Feder	al income poverty line.
Famil	y Size		Income Level
_ 1	_		\$
2	-		\$
3	_		\$
4	_		\$
5	_		\$
attributab benefit as a "transit benefit fo the month	ion period" beginning r December is receive	increase in t COLA is not c with January, i, and ending	he monthly insurance ounted as income during when the title II
are not ef	duals with title II in fective until the fir transition period.	ncome, the rev st day of the	ised poverty levels month following the
For indivi	duals not receiving t	itle II income	, the revised poverty

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 92-5
Supersedes
TN No. 92-1
Approval Date NOV 14 1994 Effective Date 4-1-92
HCFA ID: 7985E

,-	vision:	HCFA-: August		1 (B	PD)		SUPPLEMENT 1 Page 6 OMB No.: 09		ACHMENT 2.6-A
		STAT	E PLAN	UNDER 1	CITLE XIX	OF THE	SOCIAL SECU	RITY ACT	i
		State:		Kentucky	/				***************************************
			IN	COME ELI	GIBILITY	LEVELS	(Continued)		
c.	QUALIF LEVEL	FIED MED	ICARE	BENEFIC:	IARIES WI	TH INCO	OMES RELATED	TO FEDER	AL POVERTY
	Medica		ficiar	ies unde			lity for grouns of section		
1.	NON-SE	CTION 1	902(f)	STATES					
a.	Based level:		follow	ing per	cent of t	he offi	icial Federal	income	poverty
	Eff. J	an. 1,	1989:	<u>∕X</u> ∕ 85	percent	<i></i>	percer	nt (no mo	re than 100)
	Eff. J 100)	an. 1,	1990:) percent	<u>/</u> X/	90 perc	ent (no	more than
	Eff. J	an. 1,	1991:	100 per	cent				
	Eff. J	an. 1,	1992:	100 per	rcent		•		
b.	Levels	5 :							
		<u>F</u>	amily	Size		Income	e Levels	•	•
			12	_ _		\$			
	•								
״	No. ersedes		Appro	val Date	NOV 1	4 1994	Effective	Date	1-1-92
	NoN	lone	-				HCFA ID:	7985E	

•	Augsut 1991	(BPD)	Page 7 OMB No.: () 10 ATTACH	MENT 2.6-A
	STATE PLAN UNDER State: Kentucky		OF THE SOCIAL SEC	URITY ACT	_
	INCOME E	LIGIBILITY	LEVELS (Continued	I)	
c.	QUALIFIED MEDICARE BENEFI LEVEL	CIARIES WIT	TH INCOMES RELATED	TO FEDERAL	POVERTY
2.	SECTION 1902(f) STATES WH MORE RESTRICTIVE THAN SSI		JANUARY 1, 198 ⁷ US	SED INCOME S	TANDARDS
a.	Based on the following pelevel:	rcent of th	ne official Federa	al income po	verty
	Eff. Jan. 1, 1989: 8	0 percent	perce	ent (no more	than 100)
•	Eff. Jan. 1, 1990: // 8	5 percent	perce	ent (no more	than 100)
	Eff. Jan. 1, 1991: 9	5 percent	perce	ent (no more	than 100)
	Eff. Jan. 1, 1992: 100 p	ercent			
b.	Levels: Family Size		Income Levels		
			\$ <u>-</u> \$		
			·	•	
	No. 92-1	NOV 1	1 1994		1-1-92
	ersedes Approval Da	te <u>NUV 14</u>	1994 Effective	e Date	

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vision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 8 August 1991 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Kentucky INCOME LEVELS (Continued) D. MEDICALLY NEEDY $\stackrel{\chi}{}$ Applicable to all groups. _____ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3. (2) (3) (4) (5) (1) Family Net income level Amount by which Net income level Amount by which Size protected for Column (2) for persons Column (4) exceeds limits maintenance for living in exceeds limits months specified in rural areas for specified in months 42 CFR 42 CFR 435.1007¹/ urban only -435.1007¹/ urban & rural \$ \$ 2,600 Ŝ \$ _____ \$ 3,200

\$

\$

\$ 3,700

4,600

ΓN	No. 92-1	•		NOV 4 4 1004			
		Approval	Date	NOV 1 4 1994	Effective	Date	1-1-92
	No. None				HOER TO	700EF	

HCFA ID: 7985E

\$

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

wision: HCFA-PM-91-4 August 1991

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Kentucky

INCOME LEVELS (Continued)

D. MED	ICAL	LY NEEDY			
(1)		(2)	(3)	(4)	(5)
-	pr	income level otected for ntenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR
	urb	an only	435.1007 ¹ /	monens	435.1007 ¹⁾
	urb	an & rural			
5	\$	5,400	\$	<u> </u>	\$\$
_6	\$	6,100	\$\$	\$\$	\$
7	\$	6,800	\$	\$	\$
8	\$	7,520	\$	\$\$	\$
9	\$	8,240	\$	\$	\$
10	\$	8,960	\$	\$	\$
For eac addi- tional person,	h				-
add:	\$	720	\$	\$	\$

No. 92-1 versedes	Approval	Date	NOV 14 1994	Effective	Date	1-1-92
No. None	-			UCEN ID.	70065	

 $^{^{1\!/}}$ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

rision: HCFA-Region IV

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August 1991

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DIMIE	LTWN	ONDER	TTTT	VTV	Or	TUL	POCTAT	SECURITY	ACT

State: Kentucky

INCOME LEVELS (Continued)

- E. Optional Groups Other Than the Medically Needy
 - 1. Institutionalized Individuals Under Special Income Levels as follows:

For individuals covered under 42 CFR 435.231, the special income level shall be 300% of the Supplemental Security Income (SSI) Program federal benefit rate.

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	ersedes None	Approval	Date	NOV 14 1994	Effective	Date .	1-1-92

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